



UNITED STATES MARINE CORPS  
3D FORCE SERVICE SUPPORT GROUP  
MARINE FORCES PACIFIC  
UNIT 38401  
FPO AP 96604-8401

GruO 6320.4B

12/Surg

14 APR 2000

GROUP ORDER 6320.4B

From: Commanding General, 3d Force Service Support Group  
To: Distribution List  
Subj: HEALTH CARE QUALITY ASSURANCE/IMPROVEMENT (QA/QI) PROGRAM  
FOR DEPLOYED UNITS

Ref: (a) GruO 6320.3B  
(b) FMFPacO P6320.3A  
(c) NAVMEDCOMINST 6470.6  
(d) OPNAVINST 6470.2A

Encl: (1) Volume and Clinical Indicators for Deployed Units  
(2) X-ray Quality Control for Deployed Units  
(3) Laboratory Quality Control for Deployed Units  
(4) Sickcall Quality Control for Deployed Units  
(5) Emergency Services Quality Control for Deployed Units  
(6) Occurrence Screen Form  
(7) Quality Assurance Format

1. Purpose. To establish policy, prescribe procedures and assign responsibilities regarding the quality assurance/improvement (QA/QI) of health care rendered by health care providers of 3d Force Service Support Group (3d FSSG), per references (a) through (d).

2. Cancellation. GruO 6320.4A.

3. Summary of Revision. This Order contains a substantial number of changes and should be reviewed in its entirety.

4. Background. During deployments, 3d FSSG provides 1st and 2nd echelon medical care to patients who sustain non battle diseases or injuries, and/or battle injuries. The QA/QI program is designed to systematically monitor and evaluate patient care during deployments. The principal goal of the QA/QI program is to improve patient care, reduce risk to the patient and staff, reduce exposure to liability and to identify and resolve problems expeditiously.

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UNIT 3301  
750 1ST AVENUE  
SAN FRANCISCO, CA 94133



5. Responsibility. The Commander, Marine Forces Pacific (COMMARFORPAC) is the governing body for III Marine Expeditionary Force (III MEF). COMMARFORPAC sets policy, provides guidance and serves as a resource for the QA/QI program. The Commanding General (CG), 3d FSSG is the governing body representative and has privileging authority for all 3d FSSG medical officers, and the QA/QI program. The Group Surgeon is responsible for developing and executing the program. When deployed, the Senior Medical Officer or the Senior Medical Department Representative is responsible for executing this program.

6. Scope of Care

a. The scope of care for deployed units includes primary or Echelon I care by general field Hospital Corpsmen, Independent Duty Corpsmen, and General Medical Officers. Echelon II care is provided by specialized Hospital Corpsmen, General Medical Officers, general surgeons and a variety of specialized surgeons and anesthesiologists. The level of care will be dictated by deployed conditions. The range of care provided at Echelon I or II includes:

- (1) General Medicine
- (2) Sickcall
- (3) Preventive Medicine
- (4) Dentistry
- (5) General Surgery
- (6) Anesthesia
- (7) Post Anesthesia
- (8) Laboratory Services
- (9) X-ray Services
- (10) Pharmacy Services

b. The number of beds, healthcare providers and length of stay will be dictated by deployment conditions. Surgical, laboratory, pharmacy, and radiological capabilities will be determined by the amount of Class VIII supplies on hand and deployment conditions.

7. Important Aspects of Care. The following areas have been identified as important aspects of care to be monitored during a deployment.

- a. Infection Control
- b. Patient Deaths
- c. Outpatient Management

- d. Pre-operative Patients
- e. Medical Records
- f. Use of Medications
- g. X-ray Equipment
- h. Laboratory services
- i. Emergency Services
- j. Sickcall

8. Monitoring Scope of Practice. The intent of the monitoring system is to identify, document and resolve problems as quickly as possible. On a periodic basis dictated by deployment conditions, a monitoring report will be forwarded to the CG via the Senior Medical Officer.

9. Indicators

- a. Volume and clinical indicators, enclosure (1).
- b. X-ray services quality control indicators, enclosure (2).
- c. Laboratory services quality control indicators, enclosure (3).
- d. Sickcall care quality control indicators, enclosure (4).
- e. Emergency care quality control indicators, enclosure (5).

10. Occurrence Screens. Occurrence screens will be reviewed expeditiously by the Senior Medical Officer, as indicated in enclosure (6).

11. Medical Records Review

a. Ambulatory. Frequency will be dictated by deployment conditions. Physician records will be reviewed weekly or monthly. 100% record review for less than 25 patients per month per provider and 10% record review for more than 25 patients per month per provider. All non-physician records will be reviewed. Record reviews will be done based on pre-established criteria.

b. Inpatient. Frequency will be dictated by deployment conditions; daily, weekly, or monthly. This review will include approximately 10% of all non-surgical, and all surgical cases. Review will concentrate on the presence of general admitting

data, treatment appropriate for the diagnosis and ancillary support. Record review will be based on a pre-established criteria.

12. Reports. The results of QA/QI activities together with findings, conclusions, recommendations and follow-up will be documented at least monthly unless deployment conditions dictate otherwise. Reports will be submitted using the format in enclosure (7) and submitted to the CG, III MEF (Surgeon); CG, Joint Task Force (Surgeon) or other responsible senior surgeon.

13. Program Evaluation. The deployment QA/QI program will be reviewed annually as part of the Management Information Report.

14. Action

a. The CG is responsible for establishing, maintaining and supporting an ongoing QA program. The CG is also responsible for the final decision on any QA issue that cannot be resolved at lower levels.

b. Group Surgeon is responsible for:

(1) Managing the QA program for this Command and deployed units.

(2) Briefing the CG on all QA issues.

(3) Providing input on QA inquiries generated from other Military Treatment Facilities (MTF).

c. Commanding Officers/Officers-In-Charge are responsible for:

(1) Carrying out the provisions of this Order and ensuring the health and welfare of all personnel.

(2) Monitoring and ensuring establishment of QA programs within the command/deployed units.

(3) Appointing in writing, a Command/Unit Medical Quality Assurance Coordinator.

d. Medical Officers (MO)/Independent Duty Corpsmen (IDC) are responsible for:

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(4) Become thoroughly familiar with emergency trauma equipment and location of emergency trauma medication to assist MO, IDC, or Advanced Cardiac Life Support (ACLS) trained Hospital Corpsmen.

*S. D. Anderson*

S. D. ANDERSON  
Chief of Staff

Distribution: B

VOLUME AND CLINICAL INDICATORS FOR DEPLOYED UNITS
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Volume indicators												
Total number of:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Outpatient Visits												
2. Minor surgical procedures												
3. Major surgical procedures												
4. Medevacs												
5. Inpatients												
6. Ambulance runs												

Clinical Indicators													
Important aspect of care:	Thres- hold 100%	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1. Death or pulmonary arrest	100%												
2. Loss of limb or possible disability	100%												
3. Anaphalaxis	100%												
4. Equipment failure while in use	100%												
5. Quarantine of patients	100%												
6. Food poisoning outbreak	100%												
7. Admission of a patient to a local hospital	100%												

ENCLOSURE (1)



## X-RAY QUALITY CONTROL FOR DEPLOYED UNITS

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

Standard parameter	Threshold	Yes	No	N/A
1. Daily x-ray equipment check done by exposure and processing of film	100%			
2. First Actual exposure of the day reviewed for quality by MO	100%			
3. All exposures logged or filed for end deployment radiologist interpretation	100%			
4. Proper shielding device being utilized	100%			
5. Proper personnel monitoring utilized	100%			
6. Use of personal exposure detection device utilized	100%			

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENCLOSURE (2)

## LABORATORY QUALITY CONTROL FOR DEPLOYED UNITS

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
REVIEWER: \_\_\_\_\_

Standard parameter	Threshold	Yes	No	N/A
1. Control testing of: a. Urinalysis b. Serology c. Hematology d. Microbiology agents and culture plates done daily Chemistry	100% 100% 100% 100%			
2. Temperature checks of: a. Refrigerator b. Incubators done daily	100% 100%			
3. Temperature and quality control log books maintained	100%			

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENCLOSURE (3)



## SICKCALL QUALITY CONTROL FOR DEPLOYED UNITS

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
REVIEWER: \_\_\_\_\_

Standard parameter	Threshold	Yes	No	N/A
1. Temperature checks of refrigerators conducted daily	100%			
2. Consumables checked for expiration	100%			

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENCLOSURE (4)

## EMERGENCY SERVICE QUALITY CONTROL FOR DEPLOYED UNITS

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

Standard parameter	Threshold	Yes	No	N/A
1. Emergency medications checked for quantity and quality done daily.	100%			
2. Emergency equipment checks on oxygen, suction device, and life-pack done daily	100%			
3. Tactical ambulance inventory and preventive maintenance checks done daily	100%			

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ENCLOSURE (5)

OCCURRENCE SCREEN FORM

EVENT/NAME: \_\_\_\_\_

DEPT/LOCATION: \_\_\_\_\_

SSN: \_\_\_\_\_ INPATIENT REGISTRATION #/ETR #: \_\_\_\_\_

DEPT TRACK #: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

SUMMARY OF EVENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROUTE TO YOUR DEPARTMENT HEAD OR DIRECTOR

ENCLOSURE (6)

QUALITY ASSURANCE FORMAT

From:

To:

Subj: MEDICAL QA MINUTES FOR UNIT FOR THE MONTH OF \_\_\_\_\_

Ref: (a) GruO 6320.4B

1. Introduction: During Operation \_\_\_\_\_, (UNIT) deployed in support of the exercise. This report documents the quality and appropriateness of care during this deployment.

2. Data was collected in accordance with reference (a). The following is reported.

3. Volume indicators:

a. Number of personnel.

MC NC MSC ENL

b. Total number of visits.

Medical -

Dental -

Surgical Procedures -

Dental Procedures -

X-Rays -

c. Disease Trends-

d. Occurrences-

e. Problems - (clinical) non-admission

Item #:

Discussion:

Recommendation:

ENCLOSURE (7)

Recommendation: QUALITY ASSURANCE

f. Medical Record Review

Number of findings:

How solved:

Recommendations:

1. Investigation During Operation  
employed in support of the exercise. This report documents  
the quality and appropriateness of care during this  
deployment.

2. Data was collected in accordance with reference (a).  
The following is reported:

3. Volume indicators:

a. Number of personnel

b. Total number of visits

c. Medical -

d. Dental -

e. Psychological -

f. Physical -

g. Other -

h. Comments -

i. Recommendations -

j. Other - (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)

k. Total

l. Discussion

m. Recommendation

ENCLOSURE (7)